

## Dodge, Tamara

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**From:** Hoisington, Joshua  
**Sent:** Friday, January 03, 2014 10:52 AM  
**To:** Dodge, Tamara  
**Subject:** Re: Draft

Thank you very much for your work. I will be in touch late this afternoon or first thing Monday morning to discuss revisions after I speak with my boss.

*Sent from my Verizon Wireless 4G LTE DROID*

"Dodge, Tamara" <[Tamara.Dodge@legis.wisconsin.gov](mailto:Tamara.Dodge@legis.wisconsin.gov)> wrote:

Josh,

Here are some of the questions I had:

What programs and services does Milwaukee County consider mental health?

What department do you want the Milwaukee County Mental Health Board (MCMHB) attached to? The preliminary draft attached the MCMHB to DHS but we discussed moving the board to DOA or the office of the Governor.

My notes state that to fund the MCMHB I will create a program revenue appropriation and the moneys in that appropriation account will come from Milwaukee County through their shared revenue allotment. Is that correct?

The big question is the budgeting for the MCMHB. There seem to be concerns with having the county executive determine the amount of the Milwaukee mental health budget without limitations. Perhaps the best way is to require that his budget proposal not be less than a certain percentage of the previous year's expenditures. This would allow and encourage the MCMHB to save money but not allow the county executive to undermine the mental health programs by proposing too low of a budget. I'm thinking that the proposed budget would need to be maybe 75% or 85% of the previous year's expected expenditures for mental health. This would be the easiest to include in the current structure in the draft. Otherwise, please let me know how you want the budgeting to work.

In addition to the drafting that will result from the answers to those questions, I am also doing the following:

- Adding a Legislative Audit Bureau audit after the MCMHB has been operating for 2 years.
- Adding the MCMHB members to the ethics provisions and adding prohibitions on financial conflict of interest and political appointments
- Creating a list of what all the insertions of "Milwaukee County Mental Health Board" does. I may just write this as an analysis for the next version of the draft.
- Adding the MCMHB to ss. 46.56 and 46.87 and to the social services department provisions for populous counties
- Removing jurisdiction of the Milwaukee County board of supervisors over mental health
- Researching what happens to family care funds that are in reserve for the MCOs (or CMOs as the statutes call them) to determine what to do with funds that are held for mental health institutions
- Creating a nonstatutory provision to stagger the MCMHB member terms
- Doing other technical corrections to clean up the draft.

If there are any other large items that need to be added to the draft, please let me know. I will also talk to Brian Larson from Legislative Council to see if there is anything I missed.

Thanks,  
Tami

**Tamara J. Dodge**

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**From:** Hoisington, Joshua

**Sent:** Friday, January 03, 2014 6:49 AM

**To:** Dodge, Tamara

**Subject:** Draft

Hi Tami,

What questions besides services did I need to get you answers for? I need to get you those answers today. We are working with a small time window and need to work out all details by mid next week (wed) to get a draft for introduction/circulation.

*Sent from my Verizon Wireless 4G LTE DROID*

## **Dodge, Tamara**

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**From:** Hoisington, Joshua  
**Sent:** Friday, January 03, 2014 5:52 PM  
**To:** Dodge, Tamara  
**Subject:** MCMHB Changes  
**Attachments:** SCAN1271\_000 (2).pdf; MCMHB draft changes.docx

Hi Tami,

I have attached changes that Joe would like done to the draft. Please email me with any questions you may have or call me in the office on Monday. After our phone conversation I thought it would be advantageous for us to have these changes included in a new P-draft before any additional changes that I may have on Thursday. Please make these revisions in a new p-draft before I submit the (hopefully final) revisions to you on Thursday.

I have included below questions Joe has regarding the draft and also a rough start on services provided by the county. I will continue to work at getting a comprehensive list of those services but this should be a starting point at least. Also attached are budget narratives that describe these services in more detail.

Thank you again for your hard work on this. I know our goal is to have it done in a small time period but I appreciate your efforts to accomplish that.

Best Regards,

Josh Hoisington  
Office of Rep. Joe Sanfelippo  
608.266.0620

Every possible place, refer to the MCMHB as having authority over MH services and the Milw County BD of supervisors not having that authority. Every reference to the Milw Cty Bd of supervisors that is referenced and can be deleted please do so. Every place the MCMHB can be inserted as sole authority/decision maker please do so. Every reference (WI 2013 Act 14) referring to the admin powers of a Cty (MH) program or the admin of a Cty dept please add stat reference (as indicated in stat...)

Is it Legal to state that nominations shall not be current Milw Co employees/consultants or worked as such within the prior 12 months prior to nomination?

What are your thoughts on including that the nominations from the cty bd chair may confirmed by the cty bd before being sent to Guv for final appt ?

1. Effective date? We would like the effective date to be something along the lines of this bill is effective immediately upon being enacted. Nominations for the Bd shall be submitted w/in 60 days of enactment. The Guv shall make appt's from those nominations w/in (?) days. The appt's by the Guv shall serve in their appt capacity until the Senate has a chance to confirm the appt. The State Senate shall consider the confirmation or denial of the appts as soon as reasonably possible. Is there similar language in statutes (through Act 14 of 2013) or somewhere else to mirror this? We would like this change include in the draft.

Community Services Division

Wraparound Milwaukee

Community Services Branch

Behavioral Health Division

Psychiatric Hospital

Emergency Room

Long Term Care Units

Family Care

Member Service Contracts (services provided by private sources paid for by Family Care for clients)

Aging

Elder Abuse Network (Adult Protective Services)

1. Nominations(Guv appt) from the Guv, County Exec and County Board Chair – Require 4 nominations for the 2 spots on the MCMHB who officials are nominating for (current version 3)
2. No local, state or federally elected officials or any registered lobbyist may serve on MCMHB
3. Include new section in CH 59 stating that the County board of supervisors shall not interfere in the policymaking of the MCMHB or the activities of a county department carrying out those policies
4. Because this is attached to DHS, any personnel grievances shall follow the state civil service laws/process. The county Personnel Review Board/ civil service ordinances have no jurisdiction. IT must follow the state civil service process *Remove personnel review board?*
5. The MCMHB shall determine what qualifies as a mental health service, what the best practices for delivery of MH services are, policy making re: MH, and issuing any contract bids that relate to MH services w/in Milw County. The County board of supervisors shall not interfere. (language to accomplish this. I think you understand our thoughts on this)
6. Change name from MCMHB to Integrated Mental Health Services Board of Milwaukee County.

Nomination position names and requirements –

- A. Psychiatrist (Board-certified) (dually Board-certified Addictionologist shall be given preference but not required) submitted to the County Board Chair by Wisconsin Medical Society
- B. Psychologist (licensed to practice) submitted to the County Board Chair by WI Psychological Assoc
- B. Masters level psychiatric nurse – submitted to the County Executive by Wisconsin Nursing Assoc
- C. Single State Authority (SSA – this position is within the WI DHS/DMHSAS and is technically appointed by the Governor; this person has direct knowledge of funding, systems, etc, oversees the State institutes and is the official interface with the federal govt on behavioral health issues); if SSA isn't possible, then the DHS Secretary or his/her designee
- D. At Large Community seat – submitted to the County Executive by Milwaukee Mental Health Task Force (this could be a consumer, advocate or family member). The MHTF is a broad coalition that encompasses DRW, NAMI, MHA, consumer advocates and providers.
- E. At Large Service Provider – submitted to Governor by the Community Justice Counsel (CJC includes CEX, County Board Sup, Mayor, Sherriff, MPD Chief) – nominations should include judges, lawyers, CIT police officers, etc.
- F. At Large Direct Clinical Service Provider – submitted to Governor by the Continuum of Care (homeless provider coalition network, including Milw Co Housing, funded by Federal HUD and managed by the City); Masters level licensed clinician with dual certification as substance abuse counselor or equivalent experience

The Cty Exec, Cty Bd (Chair) and Guv shall seek 4 nominations for from the orgs listed above.

Nominations shall not be current Milw Co employees/consultants or worked as such within the prior 12 months prior to nomination. Nominations shall not represent bargaining units for Milw Co employees/consultants (w/in prior 12 months too, thoughts?)

At least one nominee should have 5 years experience serving the child/adolescent population with Severe Emotional Disturbance (SED); I suggest the psychiatric nurse nominee

Candidates will be knowledgeable about and actively support 1) culturally competent, recovery based practices, 2) person centered planning as a shared decision making process with the individual, who defines his or her own life goals and is assisted in developing a unique path toward those goals and 3) a trauma informed culture of safety to aid consumers in their recovery process.

**QUALIFICATIONS.** The qualified nominees will possess the relevant degree (as determined by their nominating entity) and a minimum of 10 years experience in behavioral health (mental health and substance abuse) service delivery, advocacy, executive level operational or public policy positions, or any combination thereof. A Masters in Public Health may substitute for 5 years experience. Demonstrated ability to drive a non-partisan policy agenda, work effectively in a leadership role with both legislative and executive branches of government and in collaborations with public and private organizations required. Strong knowledge of public policy and funding mechanisms affecting behavioral health services and supports and of the U.S. healthcare system and insurance, including the Affordable Care Act, Medicaid and/or Medicare required. Experience/knowledge at the federal, state and local government levels and knowledge of best practices in mental health, substance abuse, healthcare financing, workforce development, and service delivery systems with knowledge of system, provider, consumer and fiscal level outcomes preferred. Superior written, oral communication and public speaking skills required.

## DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000  
FUND: General - 0001**Budget Summary**

Category	2012 Budget <sup>1</sup>	2012 Actual <sup>1</sup>	2013 Budget <sup>1</sup>	2014 Budget	2014/2013 Variance
<b>Expenditures</b>					
Personnel Costs	\$48,771,485	\$41,745,006	\$44,213,680	\$40,574,844	(\$3,638,836)
Operation Costs	\$152,849,698	\$127,843,250	\$122,409,217	\$138,738,697	\$16,329,480
Debt & Depreciation	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$368,936	\$221,896	\$400,456	\$165,120	(\$235,336)
Interdept. Charges	\$4,607,897	\$11,423,721	\$10,525,285	\$10,047,844	(\$477,441)
<b>Total Expenditures</b>	<b>\$206,598,016</b>	<b>\$181,233,873</b>	<b>\$177,548,638</b>	<b>\$189,526,505</b>	<b>\$11,977,867</b>
<b>Revenues</b>					
Direct Revenue	\$35,496,206	\$36,772,541	\$35,931,850	\$45,545,592	\$9,613,742
Intergov Revenue	\$124,176,422	\$104,232,430	\$105,277,964	\$107,071,624	\$1,793,660
Indirect Revenue	\$10,460,590	\$11,006,255	\$0	\$0	\$0
<b>Total Revenues</b>	<b>\$170,133,218</b>	<b>\$152,011,226</b>	<b>\$141,209,814</b>	<b>\$152,617,216</b>	<b>\$11,407,402</b>
<b>Tax Levy</b>	<b>\$36,464,798</b>	<b>\$29,222,647</b>	<b>\$36,338,824</b>	<b>\$36,909,289</b>	<b>\$570,465</b>
<b>Personnel</b>					
Full-Time Pos. (FTE)	467.3	467.3	469.6	419.4	-50.2
Seas/Hourly/Pool Pos.	8.2	8.2	8.2	7.2	-1.0
Overtime \$	\$589,176	\$1,189,314	\$622,392	\$621,684	(\$708)

**Department Mission:**

The mission of the Milwaukee County Department of Health and Human Services (DHHS) is to secure human services for individuals and families who need assistance in living a healthy, independent life in our community.

**Department Description:**

The Department of Health and Human Services (DHHS) includes the following program areas: Director's Office & Management Services, Delinquency and Court Services, Disabilities Services, and Housing.

For 2014, the Community Services Branch, Wraparound Milwaukee, and Emergency Medical Services are separated to DHHS. This change will provide the opportunity to define roles and priorities within a complex mental health system with the idea of raising standards of care for all areas within a well-defined framework. All Milwaukee County behavioral health programming will move forward with a person-centered, recovery-oriented, trauma-informed and culturally sensitive approach to the people we serve with strong communication and coordination of services among the divisions.

<sup>1</sup> 2012 Budget, 2012 Actual, and 2013 Budget figures have been restated to reflect to the transfer of Community Service Branch, Wraparound Milwaukee, and Emergency Medical Services.

# DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000  
FUND: General - 0001

## Strategic Program Area 1: Director's Office & Management Services

### Service Provision:

Director's Office:	Mandated
Home Energy:	Committed
211 Impact:	Discretionary

### Strategic Outcome:

Director's Office:	High Quality, Responsive Services
Home Energy:	Personal Safety
211 Impact:	Self-Sufficiency

What We Do: Activity Data			
Activity	2012 Actual	2013 Budget	2014 Budget
<b>Home Energy</b>			
Households Applied	61,363	60,000	62,000
<b>211-Impact</b>			
Customer Contacts	181,567	192,000	210,000

How We Do It: Program Budget Summary					
Category	2012 Budget	2012 Actual	2013 Budget	2014 Budget	2014/2013 Var
<b>Expenditures</b>	\$5,736,971	\$5,489,811	\$5,680,424	\$3,243,304	(\$2,464,064)
<b>Revenues</b>	\$5,393,545	\$5,309,739	\$5,422,348	\$2,915,523	(\$2,533,769)
<b>Tax Levy</b>	\$343,426	\$180,072	\$258,076	\$327,781	\$69,705
<b>FTE Positions</b>	35	35	36	22	-14

How Well We Do It: Performance Measures			
Performance Measure	2012 Actual	2013 Budget	2014 Budget
Fiscal & Budget Staff/FTE	4.1%	3.8%	3.9%
Revenue dollars/fiscal staff	\$5,163,095	\$5,150,050	\$5,180,304
Contract dollars spent/ contract management staff (DHHS and BHD combined)	\$5,274,332	\$4,988,622	\$5,768,687

### Strategic Implementation:

The Director's Office and Management Services provide administrative guidance, accounting support, and contract oversight to all DHHS program areas with 20.0 FTE related to these services. 2.0 FTE are devoted to managing service contracts related to Home Energy and 211-IMPACT.

The Comptroller's Office will assume all countywide payroll duties in 2014. As part of this initiative, DHHS will transfer two positions to the Comptroller's Office. In an effort to create efficiencies, 1.0 FTE Contract Services Coordinator is transferred from BHD to DHHS and 1.0 FTE vacant Account 2 is abolished.

DHHS operations staff, mail staff, and related revenues and expenditures responsible for the management of the Coggs Center have been transferred to The Department of Administrative Services - Facilities Management Division based on the recommendations in the CBRE report to consolidate facility management functions.



## DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000

FUND: General - 0001

The State decided to relocate its files and terminated record services provided by DHHS in June 2013. This results in a loss of revenue of \$75,286.

The 211-IMPACT contract is levy funded at \$380,000 by DHHS and \$100,000 from BHD for a total of \$480,000. The Wisconsin Home Energy Assistance Program (WHEAP) is funded by the State Department of Administration. It is administered through Community Advocates, Social Development Commission and two county employees managed by Contract Administration. WHEAP funding is reduced by \$434,572 from \$2,934,572 to \$2,500,000 which reflects anticipated State revenue. A corresponding reduction is made to expenditures for a net zero tax levy impact.

# DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000  
FUND: General - 0001

## Strategic Program Area 2: Delinquency & Court Services

Service Provision: Mandated / Committed

Strategic Outcome: Personal Safety

What We Do: Activity Data			
Activity	2012 Actual	2013 Budget	2014 Budget
Number of new referrals received	2,490	2,500	2,500
Number of youth committed to DOC	150	140	140
Average Daily Population for JCI	148.7	154.8	146.2
Average Daily Population for CCI	11.3	10.3	11.0
Community-Based Alternative Programming Enrollees	3,781	4,077	4,147
Number of youth brought to Juvenile Detention Center	3,329	3,092 <sup>2</sup>	3,211
Number admissions to Juvenile Detention Center	2,867	2,680 <sup>2</sup>	2,774

How We Do It: Program Budget Summary					
Category	2012 Budget	2012 Actual	2013 Budget	2014 Budget	2014/2013 Var
Expenditures	\$41,742,357	\$39,421,436	\$40,092,338	\$40,180,739	\$88,401
Revenues	\$25,905,977	\$26,407,587	\$24,633,146	\$25,850,826	\$1,217,680
Tax Levy	\$15,836,380	\$13,013,849	\$15,459,192	\$14,329,913	(\$1,129,279)
FTE Positions	180.6	180.6	178.6	172.6	-6

How Well We Do It: Performance Measures			
Performance Measure	2012 Actual	2013 Budget	2014 Budget
Youth successfully completing the First Time Juvenile Offender Program	82%	75%+	75%+
Youth with no subsequent referral during the First Time Juvenile Offender Program	92%	85%+	85%+
Youth successfully completing pre-dispositional programs without reoffense	67%	70%+	70%+
Youth successfully completing post-dispositional programs	68%	65%+	65%+
Collect Demographic Data on all admissions	Yes	Yes	Yes
Average length of stay (days)	12.3	12.0	12.0
Pass annual DOC inspection	Yes	Yes	Yes

<sup>2</sup> Projections based on 6 months of data.

## DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000  
FUND: General - 0001

### **Strategic Implementation:**

#### **DCSD Administration**

Delinquency & Court Services (DCSD) Administration provides administrative oversight, clerical support, grant coordination and quality assurance to all DCSD program areas with 21.5 FTE. Expenditures are increased by \$37,900 for the eTime Reporting system, which supports DCSD's inter-agency cooperation efforts, enabling DCSD to share accurate information regarding juvenile supervision status with local law enforcement and criminal justice agencies. Grant revenues are increased and Title 19 revenue is decreased for a net revenue increase of \$56,200.

DCSD was selected to serve as a demonstration program for the Juvenile Justice Reform and Reinvestment Initiative. This initiative will implement a set of evidence-based and cost-measurement tools for assessing juvenile justice programs and use the results to improve services with the ultimate goal of achieving better outcomes for youth. This has no tax levy impact.

DCSD will continue to participate in the Juvenile Accountability Block Grant which supports the Targeted Monitoring program to provide an alternative to traditional correctional placement for higher risk youth referred on firearm offenses or other chronic offending behavior. There is a 10% (\$6,289) local funding match associated with this grant revenue.

#### **Community-based Alternative Programming**

59.0 FTE are provided to administer a variety of services and programs intended to divert youth from court and provide them the opportunity to become more productive citizens. In an effort to improve operational efficiency and provide more oversight, a Section Manager is being created in the Probation Supervision program area. This is offset by the abolishment of 2.0 vacant FTE Human Service Worker-Juvenile Justice for a total savings of \$28,790.

Youth Aids revenue is increased by \$1,161,480 based on rates included in the 2013-2015 State Budget and an Average Daily Population (ADP) of 146.2 for the Juvenile Correctional Institution and 11.0 for the Child Caring Institution.

DCSD is expanding new community alternatives to safely reduce the incarcerated population and out of home placements. This is related to Milwaukee County's participation as a demonstration site in the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI). In addition, DCSD will invest in increased support for the availability of pre-dispositional monitoring programs for youth pending court and GPS monitoring technology. DCSD will fund an expanded Alternative Sanction Program, to serve as an alternative to detention for youth who violate the conditions of their probation and a rate increase for group homes based on actual costs of operation and service utilization. DCSD will explore decreasing the use of shelter care in favor of more evidence-based alternatives. \$100,000 is redirected from Youth Sports Authority. Overall, there is a \$500,000 increase in tax levy related to these programs.

#### **Juvenile Detention Center**

DCSD operates a 120-bed Juvenile Detention Center with 98.0 FTE employees including Juvenile Corrections Officers, nursing staff, clerical staff, and a Superintendent. For 2014, a Deputy Superintendent is created to provide additional oversight to the Juvenile Detention Center, a RN 1 Pool position is created to provide more flexibility in the nursing staff and overtime is increased based on experience. These personnel changes result in increased costs of \$182,884.

4.0 FTE vacant Human Service Workers-Juvenile Justice and 2.0 FTE vacant Juvenile Corrections Officer positions are unfunded. Vacancy and Turnover adjustments are reduced by the same amount for no effect on tax levy.

Milwaukee County Accountability Program (MCAP) continues in 2014. This program provides an opportunity for high-risk youth to remain close to home instead of being sent to a Juvenile Correctional Institution located in Irma, WI, a four-hour drive from Milwaukee. This has no levy impact in the 2014 budget.

# DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000  
FUND: General - 0001

## Strategic Program Area 3: Disabilities Services Division

Service Provision: Mandated / Committed

Strategic Outcome: Self-Sufficiency

What We Do: Activity Data			
Activity	2012 Actual	2013 Projection	2014 Budget
Children's Long Term Support Waiver Enrollees	709	921	795
Birth-3 Early Intervention Enrollees	3,956	3,200	3,778
Family Support Enrollees	578	480	539
Clients in Community Living Support Services	252	189	358
Clients in Work, Day and Employment Services (Adult)	33	32	37.5
Information and Assistance Phone Calls	27,767	23,169	25,416
Referrals Processed	3,946	3,366	5,364
Family Care Enrollments Completed	2,153	1,552	1,833
Number of IDAP cases processed	1,165	1,200	1,200
Number of Burials processed	299	338	280

How We Do It: Program Budget Summary					
Category	2012 Budget	2012 Actual	2013 Budget	2014 Budget	2014/2013 Var
Expenditures	\$26,511,017	\$16,716,610	\$17,478,659	\$17,327,437	(\$151,222)
Revenues	\$23,541,009	\$14,816,732	\$14,235,750	\$14,431,761	\$196,011
Tax Levy	\$2,970,008	\$1,899,878	\$3,242,909	\$2,895,676	(\$347,233)
FTE Positions	68	68	70.5	70	-0.5

How Well We Do It: Performance Measures			
Performance Measure	2012 Actual	2013 Budget	2014 Budget
Average Monthly Clients - CLTS Autism	431	420	450
Average Monthly Clients - CLTS Non- Autism	202	225	250
DHS FSP Allocation Expenditure	\$780,192	\$786,000	\$786,000
MA Match Rate Disability Resource Center	48%	48%	50%
Respite Home Average Length of Stay (Days)	N/A	70	60

## DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000  
FUND: General - 0001

### **Strategic Implementation:**

#### **Children's Services**

17.3 FTE are provided to administer children's services that include early intervention, Birth to Three, Family Support and Children's Long-Term Support (CLTS) Waiver programs including the intensive autism benefit. These programs support children and their families who have developmental delays and significant disabilities.

Based on prior year experience, case management and CLTS administration revenue is increased by \$237,699. DSD has expanded this program over the last few years and this adjustment brings the budget in line with actual revenues.

#### **Adult Services**

41.4 FTE provide Disability Resource Center services such as information and assistance, service access and prevention, disability and Family Care benefits counseling. A Quality Assurance Technician is abolished and a Program Coordinator is created to coordinate financial eligibility for the DRC with the State; this results in a net tax levy increase of \$12,178.

In 2013, a fund transfer was executed from BHD to DSD to fund four additional crisis respite home beds for a total of eight. 2014 expenditures are increased by \$250,000 to reflect this change. Additionally, Medicaid revenue related to Respite Homes is increased by \$50,000 in 2014.

A new Crisis Resource Center (CRC) will be available to individuals with Intellectual/Developmental Disabilities (ID/DD) and a co-occurring mental illness in 2014. The primary goal of this program is to provide intensive support to assist an individual in acquiring the necessary skills to maintain or return to community living following behavioral or symptom changes leading to crisis destabilization. The CRC will help individuals relocating from BHD long-term care units succeed in the community and reduce reliance on the Psychiatric Crisis Services Emergency Room. To complement this initiative, an evening and weekend on-call Crisis Response Team (CRT) for individuals with co-occurring ID/DD and MH clients is created through a partnership with the agency selected to run the CRC. The main responsibilities of the on-call workers will be to answer crisis calls, provide support and guidance, and on-site assessment and intervention if needed. The CRC and CRT include expenditures of \$404,544.

Purchase of service contract funds are reduced by \$303,000 based on experience.

#### **DSD Administration**

11.0 FTE in DSD Administration and Support provide management, fiscal, and clerical support to all DSD programs.

Furthering an initiative that started in 2011, BHD will close the Center for Independence and Development (CID) in 2014 through a reduction of all remaining 48 beds. DSD will work closely with BHD to secure community placements for 24 clients by May 1, 2014 and an additional 24 clients by November 1, 2014. Additional detail can be found in the BHD (org 6300) narrative.

General Assistance (GA) Burials and Interim Disability Assistance Program (IDAP) are managed by DSD with 1.0 FTE. In 2012, DHHS implemented a number of cost control measures and also worked to reduce the overall cases for the GA Burial program. This change is reflected in the 2014 Budget and results in an overall tax levy savings of \$23,000.

# DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000  
FUND: General - 0001

## Strategic Program Area 4: Housing Division

Service Provision: Committed / Discretionary

Strategic Outcome: Self-Sufficiency / Quality of Life

What We Do: Activity Data			
Activity	2012 Actual	2013 Budget	2014 Budget
Number Supportive Units Placed in Service	395	467	491
Number of families receiving rent assistance	1,715	1,741	1,760
Number of CDBG projects to administer	68	49	40
Number of households assisted with HOME Funds	11	11	11
Number of households assisted with CDBG Funds	4	15	20
Number of HOME Rental Units	33	32	43
Number of Architectural Barrier Grants awarded	4	6	10
Number of households served by construction services	22	45	55

How We Do It: Program Budget Summary					
Category	2012 Budget	2012 Actual	2013 Budget	2014 Budget	2014/2013 Var
Expenditures	\$21,673,054	\$21,478,668	\$22,102,263	\$22,858,335	\$756,072
Revenues	\$19,254,229	\$16,981,983	\$19,297,202	\$18,962,585	(\$334,617)
Tax Levy	\$2,418,825	\$4,496,685	\$2,805,061	\$3,895,750	\$1,090,689
FTE Positions	32	32	33	30.2	-2.8

How Well We Do It: Performance Measures			
Performance Measure	2012 Actual	2013 Budget	2014 Budget
Occupancy rate of Pathways to Permanent Housing	N/A	N/A	90%
Individuals maintaining permanent housing in Pathways program	88%	88%	88%
Individuals exiting to permanent housing in Pathways program	70%	70%	70%
Families on Housing Voucher Waitlist	6,000	600	540
Monthly cost per Housing Choice Voucher rental unit	\$576	\$547	\$547
Amount of CDBG payback to HUD	\$229,420	\$99,738	\$0
Home Repair Loan Repayment Rate	96.6%	95.0%	95.0%

## DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000  
FUND: General - 0001

### **Strategic Implementation:**

The Housing Division strives to provide Milwaukee County residents in need with a safety net, decent and safe affordable housing, and a connection to opportunities to improve their quality of life using available funding sources in a targeted, efficient manner.

30.2 FTE administer Special Needs Housing, Housing Voucher Plus, Community Development Block Grant (CDBG), and HOME/Home Repair loans. 1.0 FTE Housing Program Assistant-Rent Assistance and 1.0 FTE Economic Development Coordinator are abolished on January 1, 2014. 1.0 FTE Fiscal Assistant 2 is abolished March 1, 2014 to realign duties and create efficiencies.

Tax levy is increased by \$1,090,689. This is partially related to an effort to reducing the structural deficit. The Housing Division, in partnership with DHHS budget and accounting teams, reviewed all the various HUD program revenue amounts and related service allocations for all Housing programs in an effort to reconcile the budget with actual experience.

Additionally, The Housing Division will create 40 permanent supportive housing scattered site housing units to complement the BHD redesign effort, serving individuals with behavioral health needs. This service model accompanies Community Based Residential Facilities (CBRF) placements for behavioral health consumers. It includes peer specialists to supplement the work of case managers. This new investment is consistent with the Mental Health Redesign recommendations. A \$400,000 increase in expenditures covers the cost of services and rental assistance.

The Pathways to Permanent Housing program, created in January 2013 through County Board Resolution (File No. 13-83), continues in 2014. This program provides transitional housing including intensive care management and the presence of a robust level of peer specialist resources in order to transition residents to safe, affordable and permanent housing. \$276,250 from BHCS is transferred to this program and an additional \$70,000 in tax levy is allocated to provide support for a full year for this program.

A HUD requirement for the federally-subsidized Shelter Plus Care program is that the individual must have permanent case management. This is a major barrier for many homeless and disabled veterans in Milwaukee County to access these services. To address this issue, the Housing Division will fund two contracted case managers to provide services to approximately 50 veterans who are disabled and homeless. This initiative is funded with \$100,000 in Potawatomi revenue and has no levy impact.

The CDBG program is now operating in 100% compliance with CDBG guidelines and anticipates no fund repayments in 2014.

## DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000  
FUND: General - 0001**Strategic Program Area 5: Behavioral Health Community Services**

Service Provision: Mandated

Strategic Outcome: Self-sufficiency / Quality of Life

What We Do: Activity Data			
Activity	2012 Actual	2013 Budget	2014 Budget
<b>Adult Day Treatment</b>			
Number of Visits	3,888	3,888	3,888
<b>AODA – clients seen for:</b>			
Detoxification – All Levels	5,925	5,939	6,334
Outpatient Treatment	1,959	2,384	2,574
Medication Assisted Treatment	250	171	175
<b>Family Intervention Support Services</b>			
Patients Served	453	550	550
<b>CATC Wraparound</b>			
Patients Served	1,097	1,155	1,205
<b>Wraparound, Non-court ordered</b>			
Patients Served	495	446	475
<b>Mobile Urgent Treatment</b>			
Patients Seen	1,201	1,785	1,785

How We Do It: Program Budget Summary					
Category	2012 Budget	2012 Actual	2013 Budget	2014 Budget	2014/2013 Var
<b>Expenditures</b>	\$95,029,673	\$92,152,754	\$85,071,067	\$99,570,473	\$13,699,406
<b>Revenues</b>	\$89,140,522	\$87,610,190	\$77,050,672	\$90,062,769	\$12,212,097
<b>Tax Levy</b>	\$5,889,151	\$4,542,564	\$8,020,395	\$9,507,704	\$1,487,309
<b>FTE Positions</b>	130.8	130.8	130.5	100.8	-29.7



# DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000  
FUND: General - 0001

How Well We Do It: Performance Measures			
Performance Measure	2012 Actual	2013 Budget	2014 Budget
Provider agencies completed a NIATx <sup>3</sup> change project	50%	55%	60%
Average Satisfaction Survey Score	75%	70%+	70%+
Percent of outpatient clients screened for Medicaid and placed with a Medicaid certified agency	14%	22%	23%
<b>Average Dollars expended per Community Support Program slot</b>			
County-run (2013 Capacity of 337)	\$9,822	\$11,911	\$0 <sup>4</sup>
Non-County-run (2013 Capacity of 963)	\$3,832	\$3,832	\$3,832
<b>Wraparound</b>			
Average Daily Number of REACH enrollees	293	320	350
Consumer Satisfaction (5.0 Scale)	4.05	4.15	4.20
Percent of total youth in Wraparound Programming using Residential Treatment Care	20.6%	17.5%	15.0%

## Strategic Implementation:

In the past, the Behavioral Health Division consisted of two major divisions - one that focused on inpatient, institutional services (ie. the hospital) and the other focuses on community-based services (ie. Community Services Branch). Both are critical aspects of Milwaukee County's mental health system.

The 2014 Budget creates two distinct divisions under DHHS: Behavioral Health Community Services Division (BHCS), including Wraparound Milwaukee and the Community Services Branch, and the Behavioral Health Division, including Psychiatric Hospital, Emergency Room and Long Term Care units, each with its own leadership. The goal is to raise the standards of care for both areas, while clearly defining the roles of each. This separation will create a more manageable workload for the leaders of each Division.

The Community Services Branch and Wraparound Milwaukee will focus on providing community based mental health and substance use disorder services with a focus on aiding mental health consumers in leading healthy, productive lives in the community. They will develop and manage a comprehensive, coordinated, community-based system that serves children, adolescents, and adults to provide the necessary continuum of care across the lifespan. Wraparound Milwaukee's well established and award-winning processes for quality assurance and quality improvement will expand to the rest of the community services the County provides.

The Psychiatric Inpatient Hospital, Emergency Room and Long Term care units will focus on providing safe, high quality and effective services, meeting all regulatory requirements for each service area and continue to transition clients to community placements through person- centered individualized plans.

Each of these areas will have a dedicated leader who will focus on that specific division. Although each division will have its own identity to show its importance, focus and strategy; communication, continuity of care, coordination and operational efficiencies will continue and also be enhanced whenever possible. Both divisions will move forward with a person-centered, recovery oriented, trauma informed and culturally sensitive approach to the people they serve with strong communication and coordination of services among the divisions.

<sup>3</sup> NIATx is a nationally-recognized model of process improvement designed specifically for behavioral health care settings to improve access to and retention in treatment.

<sup>4</sup> County-run Community Support Programs are outsourced in 2014.

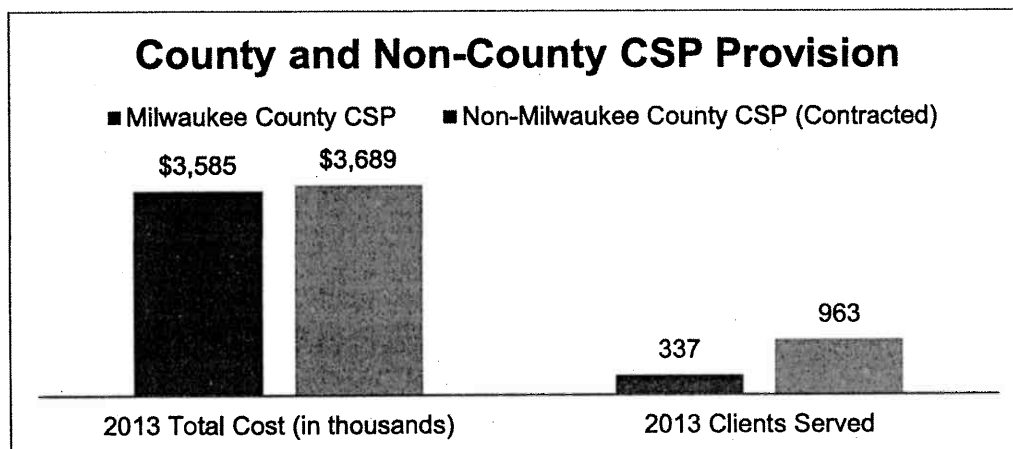
## DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000  
FUND: General - 0001

### Community Services Branch

As of March 1, 2014, BHCS will outsource the caseload currently covered by BHCS's Community Support Program (CSP) – Downtown and Southside locations and have all 337 cases assumed by community providers through a competitively bid purchase of service contract. The initiative will produce tax levy savings of \$689,031 with no decrease in services. This overall savings includes \$1,187,126 for the purchase of community slots. 45.0 FTE will be abolished April 1, 2014.



\$416,800 will be invested to add pilot locations of Assertive Community Treatment (ACT) and Integrated Dual Disorder Treatment (IDDT) models to four CSP programs to improve and expand services for clients enrolled in that program. Both ACT and IDDT are evidence-based treatment approaches, and are effective with individuals with a serious mental illness and a co-occurring substance use disorder. In addition, due to CSP providers being level funded since 2000, a cost of living adjustment of \$738,731 is included to align services with actual costs. BHD will continue to review and consider COLA increases for other service areas in future years. The total cost of these initiatives is \$1,155,531 in 2014.

Funding for the two Crisis Resource Centers is reduced by \$350,000 to a total of \$750,000 to account for the billable per diem rate allowable under Medicaid and to more closely align the funding for both of the two Crisis Resource Centers. This will not result in decreased services or number of beds.

A peer run drop-in center will be created to operate in the evenings and on weekends starting April 2014. This center will provide support to individuals with mental illness and/or co-occurring substance use disorders. BHCS also plans to increase the existing peer services contracts by \$143,000 to better align services with actual costs. The increased funding will result in expanded service provision to peers and is a result of input from community stakeholders. The total cost of these two programs is \$278,000.

In 2013, BHCS developed a plan to implement CRS, a co-participation benefit for individuals with a severe and persistent mental illness that connects clients to necessary recovery services to promote independence. Services include supported employment, housing and the utilization of peers as providers. In 2014, BHCS will continue to grow CRS with the creation of 3.0 FTE to administer the program. Expenditures for this program are increased by \$1,870,682. This is off-set by \$1,595,682 in anticipated revenue. \$275,000 in start-up costs are dedicated to this program from tax levy.

A component of the State's 2013-2015 Mental Health Initiative is the statewide expansion of the Comprehensive Community Services (CCS) Medicaid psychosocial rehabilitation benefit. The Medical Assistance (MA) program will reimburse a county for both the non-federal and the federal share of the MA allowable CCS costs if the county agrees to provide the benefit on a regional basis according to criteria (yet to be) established by the State Department of Health Services. BHCS plans to apply for this benefit, which would begin in July 2014. This initiative has no tax levy impact.

## DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000  
FUND: General - 0001

In 2013, BHD (now BHCS), expanded case management services through the use of one-time funds by adding slots to the Targeted Case Management (TCM) program. In 2014, this investment is maintained with a \$125,000 increase to tax levy.

For some individuals seeking behavioral health services, the quality of the services they receive may be negatively impacted by the lack of cultural competence in service delivery. To specifically address the needs of African American and Latino consumers, \$195,000 is added to providing various behavioral health preventative strategies through community partners with expertise in culturally specific treatment approaches.

BHCS will work closely with BHD's Rehab Centers Central team to assist in moving clients from Rehab Center Central into appropriate community placements. To achieve this, BHCS has included \$88,356 for 20 additional contracted CSP slots, \$276,250 for group home beds, and \$428,568 for additional supports such as adult family homes and other needed services for a total investment of \$793,174.

In 2013, BHCS began billing Medicaid for various crisis services. As a result, \$225,000 in additional revenue is included in the 2014 budget which is based on actual experience.

The cost for the expanded crisis respite was included in the 2013 BHD Budget as part of the \$3 million Mental Health Redesign Initiative. Of the total budget for this initiative, \$250,000 was earmarked for the Mental Health Pilot Respite program component. In 2013, a fund transfer was executed from BHD to DSD to fund four additional crisis respite home beds for a total of eight. The 2014 Budget is adjusted to reflect this change.

Based on the 2013-2015 State budget BadgerCare expansion, BHCS reduces outpatient contracts by \$250,000 based in 2014. The BadgerCare expansion will allow more individuals who were previously uninsured to have access to Medicaid health insurance coverage. In addition, BHCS will explore transitioning the existing outpatient providers to a fee-for service-network in order to give clients greater choice among provider coverage.

In 2013, the Housing Division developed a new initiative called the Pathways to Permanent Housing program. This program provides transitional housing including intensive care management and the presence of a robust level of peer specialist resources and expertise. In the 2014 Budget, \$276,250 is transferred from BHCS to Housing to reflect the support provided by BHCS for this program.

To assist BHD clients moving into the community, BHCS will provide prescriber availability as a part of the Day Treatment program. This service will help provide continuity and outpatient services for individuals who are relocated from Hilltop and Rehab Central in order to avoid more intensive services and ensure clients receive the medications they need. This will be a short-term initiative to help clients move to the community and allow time for a prescriber base to be developed. Tax levy is increased \$65,578.

\$45,000 is provided for improvements to the 16<sup>th</sup> street Day Treatment facility.

In the past, Milwaukee County has received a federal discretionary grant called Access to Recovery (ATR) that has served as the financial structural support for the Wiser Choice voucher network for treatment and recovery support services for individuals with a substance use disorder. This grant funding is scheduled to end in September 2014, which could result in a loss of \$3.2 million annually. In 2014, BHCS will develop a long-term funding strategy to address the anticipated loss of funding. The 2014 Budget includes decreased revenue and the related expenditures for the last quarter of 2014 which result in no levy change but will significantly impact services. This program enrolls an average of 300 clients per month.

In partnership with the Housing Division, BHCS plans to offer a new housing pilot program specifically aimed at AODA clients. The program is expected to provide a safe living environment coupled with Targeted Case Management (TCM) services for approximately 50 individuals who are in the early stages of recovery from a substance use disorder. The \$100,000 cost of this program is funded through \$100,000 in reductions to the HIV prevention services for the AIDS Resource Center of Wisconsin.

## DHHS (8000) BUDGET

DEPT: DHHS

UNIT NO. 8000  
FUND: General - 0001

### **Wraparound Milwaukee**

The Wraparound Milwaukee Program, as a special managed care or HMO model, delivers behavioral health and supportive services to children with severe emotional and mental health needs and their families. By the end of 2014, daily enrollment in Wraparound Milwaukee is projected to increase by approximately 150 youth. The continual increase in enrollments is primarily due to the increases in the voluntary REACH program and also due to the removal of the Medicaid enrollment cap in the Wraparound HMO.

The increase in enrollment results in over \$12.2 million in additional client expenditures, which is offset by revenues for behavioral health services provided by Wraparound. In addition, overall expenditures are increased to reflect actual experience and to cover the cost of maintenance and equipment for the program. This increase in expenditures is completely off-set by a corresponding increase in the capitation and crisis payments from Medicaid, along with additional increases in State Child Welfare payments.

1.0 FTE Clinical Program Manager is created to provide clinical oversight of the growing number of high risk juvenile sex offenders and other delinquent youth with serious emotional needs (now over 200). The position will also assist in the design and implementation of more evidence-based practices among provider agencies and develop additional evaluation studies monitoring reduction in recidivism and improved clinical functioning. This position is 100% offset with Medicaid revenue.

# BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

## Budget Summary

Category	2012 Budget <sup>1</sup>	2012 Actual <sup>1</sup>	2013 Budget <sup>1</sup>	2014 Budget	2014/2013 Variance
<b>Expenditures</b>					
Personnel Costs	\$62,731,585	\$62,727,525	\$62,522,938	\$57,034,766	(\$5,488,172)
Operation Costs	\$23,291,923	\$23,346,150	\$22,320,838	\$20,498,441	(\$1,822,397)
Debt & Depreciation	\$0	\$0	\$0	\$0	\$0
Capital Outlay	\$410,000	\$621,575	\$421,875	\$595,026	\$173,151
Interdept. Charges	(\$325,874)	\$274,876	(\$430,260)	(\$274,508)	\$155,752
<b>Total Expenditures</b>	<b>\$86,107,634</b>	<b>\$86,970,126</b>	<b>\$84,835,391</b>	<b>\$77,853,725</b>	<b>(\$6,981,666)</b>
<b>Revenues</b>					
Direct Revenue	\$27,160,615	\$28,891,103	\$27,312,381	\$21,628,721	(\$5,683,660)
Intergov Revenue	\$9,583,722	\$9,333,150	\$9,014,326	\$8,793,978	(\$220,348)
Indirect Revenue	\$0	\$0	\$0	\$0	\$0
<b>Total Revenues</b>	<b>\$36,744,337</b>	<b>\$38,224,253</b>	<b>\$36,326,707</b>	<b>\$30,422,699</b>	<b>(\$5,904,008)</b>
<b>Tax Levy</b>	<b>\$49,363,297</b>	<b>\$48,745,873</b>	<b>\$48,508,684</b>	<b>\$47,431,026</b>	<b>(\$1,077,658)</b>
<b>Personnel</b>					
Full-Time Pos. (FTE)	655.9	655.9	610.4	525	-85.4
Seas/Hourly/Pool Pos.	19.9	19.9	24.5	24.8	0.3
Overtime \$	\$3,038,028	\$3,299,474	\$3,065,508	\$2,518,872	(\$546,636)

**Department Mission:** The Milwaukee County Department of Health and Human Services – Behavioral Health Division will be a Center of Excellence for person-centered, high quality best practices in collaboration with community partners.

**Department Description:** The Milwaukee County Department of Health and Human Services (DHHS) – Behavioral Health Division (BHD) consists of Psychiatric Crisis Services, Acute Inpatient Services and two Nursing Facilities.

For 2014, the Community Services Branch, Wraparound Milwaukee, and Emergency Medical Services are separated from BHD. This change will provide the opportunity to define roles and priorities within a complex mental health system with the idea of raising standards of care for all areas within a well-defined framework. All Milwaukee County behavioral health programming will move forward with a person-centered, recovery-oriented, trauma-informed and culturally sensitive approach to the people we serve with strong communication and coordination of services among the divisions.

**Overview:** A multi-year behavioral health redesign effort, began in 2011, seeks to transfer more inpatient services to a community care setting in order to provide the maximum amount of freedom and the highest quality

<sup>1</sup> 2012 Budget, 2012 Actual, and 2013 Budget figures have been restated to reflect to the transfer of Community Service Branch, Wraparound Milwaukee, and Emergency Medical Services.

## BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300

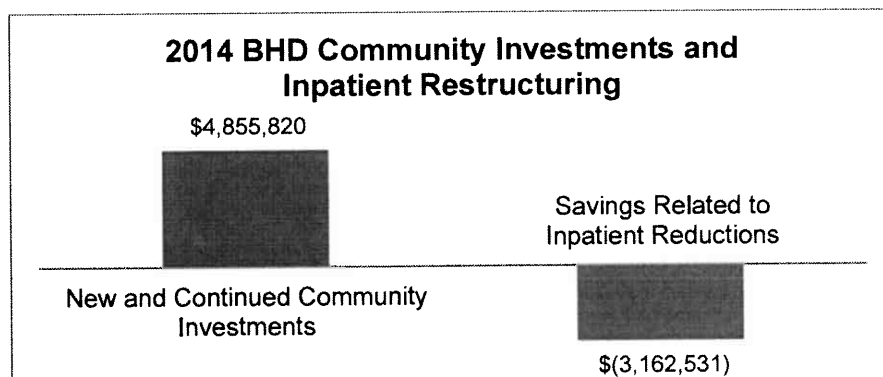
FUND: General - 0077

of life for individuals utilizing behavioral health services. This initiative was affirmed by County Board resolution 11-516:

*"BE IT RESOLVED, that the County Board adopts the following as County policy:*

- The current BHD facility is too large and reflects an inpatient focused model of care that is financially unsustainable in both the short and long term; if Milwaukee County continues to utilize an inpatient centered approach to delivering mental health services, our ability to maintain current service levels will be eroded by rising health care costs and client outcomes will deteriorate even further.*
- Milwaukee County needs to reallocate how it spends its mental health dollars by transferring the majority of our system dollars into community-based services; these services can be provided by the private sector or a mix of private and publicly run options; the current inpatient focused system uses almost two-thirds of Milwaukee County's available system funds, leaving approximately one-third of the county's funds for community services; successful community-based care systems are most cost-effective and achieve better client outcomes than inpatient focused systems; in these systems, more than half to two-thirds of system funds are spent in the community; achieving this resource shift is more crucial to the future of mental health care in our community than the decision of whether Milwaukee County should build a new mental health facility on the County Grounds.*
- A further delay of system improvements cannot be tolerated.*
- The county must commit to continued funding of mental health care services at current levels with any savings produced as a result of the transition to a community-based service delivery model reinvested into the program to allow for expanded community services."*

With the adopted policy in mind, the 2014 budget continues reductions to Acute Inpatient, starts reductions to Rehab Center Central, and closes The Center for Independence and Development (formerly Hilltop). These initiatives are complemented with aggressive investments in community behavioral health services totaling \$4.8 million detailed in this and DHHS' narrative. BHD and DHHS are making a significant investment in expanding and enhancing community based services, which will bring increased state and federal revenue into the system. Additionally, Family Care Managed Care Organizations will invest millions of dollars to provide high quality services to BHD clients to ensure a successful transition to the community. Overall, the investments made by the County with additional resources from State and Federal sources and Family Care will enhance services and increase the investment made in community based mental health services.



Milwaukee County remains committed to providing person-centered, trauma informed, and culturally competent inpatient services. To maintain staff experience and expertise during the restructuring, \$1,022,000 will be used for a retention package for employees remaining at BHD until their employment status is affected by the redesign process.

# BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

## Strategic Program Area 1: Management & Support Services

Service Provision: Administrative

Strategic Outcome: High Quality, Responsive Services

What We Do: Activity Data			
Activity	2012 Actual	2013 Budget	2014 Budget
This program area does not have activity data.			

How We Do It: Program Budget Summary					
Category	2012 Budget	2012 Actual	2013 Budget	2014 Budget	2014/2013 Var
Expenditures	\$24,830	\$1,852,500	\$1,292,227	\$2,892,238	\$1,600,012
Revenues	\$1,769,607	\$1,243,717	\$3,998,629	\$3,245,324	(\$753,305)
Tax Levy	(\$1,744,777)	\$608,783	(\$2,706,402)	(\$353,086)	\$2,353,317
FTE Positions	181	181	175.3	151.7	-23.6

How Well We Do It: Performance Measures			
Performance Measure <sup>2</sup>	2012 Actual	2013 Budget	2014 Budget
Overtime Costs / Personal Services Costs	4.4%	4.0%	3.6%
Overhead cost / BHD FTE	\$33,311	\$34,283	\$34,657
Overhead cost / Revenue	14.5%	16.4%	19.6%
Utility Costs / Occupied Sqft	\$3.74	\$3.88	\$3.88
Facilities Cost / Occupied Sqft	\$17.47	\$15.66	\$14.14
Revenue dollars / fiscal staff	\$6,194,934	\$5,941,168	\$4,172,217
Patient revenue collected / Billed revenue	30.1%	31.0%	39.5%

### Strategic Implementation:

150.7 FTE's are provided for fiscal management, patient accounts and admissions, management information systems, dietary and medical records, and environment of care for the entire facility.

In 2014, BHD continues to work toward Joint Commission (JC) accreditation to ensure a focus on the provision of quality services. 1.0 FTE Physician Quality Officer (PQO) is created to lead quality improvement programs throughout the hospital. 2.0 FTE positions related to quality assurance are abolished to partially offset the costs of this position. This position would serve as a physician leader to hospital quality improvement programs. The PQO will work closely with infection control, pharmacy, nursing, and other projects, peer review issues, and development of plans of correction. A contractual relationship may be pursued with the Medical College of Wisconsin in the event that an external review is indicated to be necessary.

<sup>2</sup> Management and Support Services performance measures include oversight of BHCS and EMS as well as BHD inpatient and crisis programs.

## BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300

FUND: General - 0077

Due to the recent redesign efforts at BHD, including the 2013 closure of 24 beds in the Center for Independence and Development and 24 beds on the Acute Adult units, and continued inpatient reductions in 2014, 15.0 FTE Management and Support Services positions will be abolished on January 1, 2014. Additionally, 1.0 FTE Pharmacy Services Director will be unfunded on January 1, 2014. 1.0 FTE Staffing Assistant will be abolished July 1, 2014 as need for support positions continues to decrease. BHD will transfer the 2.0 FTE Payroll Assistant to the Comptroller's Office and 1.0 FTE Contract Services Coordinator to DHHS as a part of efforts to increase efficiencies through centralized services.

Nursing Program Coordinators will be responsible for unit-based supervision in 2014, which eliminates the need for RN 3 – MH as a unit supervisor. This results in the abolishment of 6.5 FTE RN 3 positions and the creation of 5.0 FTE Nursing Program Coordinators for a total savings of \$97,026. Additionally, 1.0 FTE Advanced Practice Nurse Prescriber is created to provide clinical support to inpatient units.

The implementation of the Electronic Medical Records (EMR) system is targeted for completion by the end of 2014. EMR funding is decreased by \$180,103 to a total of \$1,857,397. This includes funding for hosting fees for the new EMR system, support for the current IT system through the transition to the EMR, dedicated IMSD technical support for the new system, project management consultation and other costs related to the new EMR.

Based on actual spending and projections, contract amounts for pharmacy, food, security, x-ray, dental and laboratory work are adjusted for an overall decrease of \$323,680 in tax levy. This decrease is primarily in the pharmacy area where BHD and the Comptroller's Office reviewed costs and made changes to achieve savings in this contract.

Wisconsin Medicaid Cost Reporting (WIMCR) revenues are reduced by \$700,000 to \$1,950,000 to reflect actual experience.

\$45,000 is reduced from funds for architectural consulting, key cards and security cameras based on prior year investments to get successful systems in place.

During the period of restructuring, the quality of patient care remains the top priority of BHD. Therefore, \$1,022,000 in 2012 departmental surplus funds will be used to fund a retention package for employees who remain at BHD until their employment status is affected by the redesign process. This will help maintain staff and provide continuity of care during the transition to community care.

\$245,378 is provided to install 45 security cameras at BHD to maintain a safe and therapeutic environment for patients and staff.



# BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

## Strategic Program Area 2: Adult Crisis Services

Service Provision: Mandated/ Discretionary (Crisis Mobile Team)

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2012 Actual	2013 Budget	2014 Budget
<b>Psychiatric Crisis Services</b>			
Admissions	12,672	11,650	11,068
<b>Access Clinic</b>			
Number of Patients Served	6,536	6,576	6,576
<b>Crisis Respite</b>			
Number of Admissions	390	425	425
<b>Crisis Mobile</b>			
Number of Mobiles Completed	1,475	1,564	1,642
Number of Mobiles Involving Law Enforcement	180	185	370
Number of Crisis Plans	136	404	500
Number Crisis Calls Answered	32,638	33,166	33,000

How We Do It: Program Budget Summary					
Category	2012 Budget	2012 Actual	2013 Budget	2014 Budget	2014/2013 Var
Expenditures	\$20,792,456	\$18,757,072	\$20,200,965	\$21,107,269	\$906,304
Revenues	\$12,002,522	\$12,525,506	\$11,340,126	\$10,711,680	(\$628,446)
Tax Levy	\$8,789,934	\$6,231,566	\$8,860,839	\$10,395,589	\$1,534,750
FTE Positions	91	91	106.2	109.5	3.3

How Well We Do It: Performance Measures			
Performance Measure	2012 Actual	2013 Budget	2014 Budget
Percent of clients returning to PCS within 90 days	32%	29%	27%
Percent of Time on Waitlist Status	6%	5%	5%
Clients transferred to private facilities from PCS	16%	20%	23%
Stabilization House Occupancy Rate	78%	80%	80%

### Strategic Implementation:

109.5 FTE's are provided to operate the Psychiatric Crisis Service Emergency Room, Access Clinic, Crisis Line, Crisis Mobile Team, and Crisis Stabilization Centers. In 2014, BHD will establish a new Community Consultation Team (CCT) to provide support to individuals who are transitioning from the Center for Independence and Development (CID) (formerly Hilltop) to the community, support to their providers, staff consultation services and development for providers, and crisis services. Once the CID closure is complete, the team will focus on crisis services and continued educational programming for service providers to successfully support these individuals in

## BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300

FUND: General - 0077

their placements and address the needs of the developmentally disabled (DD) population. 1.0 FTE RN 2 – MH is funded and 1.0 FTE Clinical Psychologist III is created to start this project. A Developmental Disability Specialist, BH Clinical Psychologist I, and BH Clinical Program Director of Psychology are transferred to this program upon closure of the CID on November 1, 2014.

A Crisis Service Coordinator and a Quality Assurance Coordinator are created in Crisis Services related to managing, supervising, and maintaining quality of various new initiatives and expanded services. A Psychiatric Social Worker – Pool is created to provide greater staff flexibility among clinical staff. 3.5 vacant FTE's are abolished based on departmental needs.

A MPD Crisis Mobile Team was created in 2013. This collaboration allows clinicians to work directly with law enforcement in serving as first responders to Emergency Detention (ED) calls. The goal of this team is to find alternative ways to help individuals in crisis stabilize in the community, ultimately reducing involuntary treatment ED's. In 2014, this team is expanded with the creation of 1.0 FTE Behavioral Health Emergency Service Clinician and a contract with MPD for two dedicated police officers for a total cost of \$115,327.

\$200,000 is invested to expand the capacity of the Crisis Mobile Team to provide assessments to individuals in the community 24-hours-a-day. If any call is deemed to be emergent, requiring immediate assessment, the BHD staff will then dispatch two contracted on-call clinicians. This model has been successfully implemented in Dane County. The vendors' clinical staff will receive the full BHD clinician training. Each member of the Mobile Crisis Team will also receive additional training related to addressing the behavioral health, medical and cognitive needs of elderly individuals in Milwaukee County.

In accordance with the goals of the Mental Health Redesign efforts, BHD will invest \$250,000 in July 2014 to create a second Access Clinic on the Southside of Milwaukee to help meet increased demand and address community needs in an accessible location.

A new rate methodology applied by the State of Wisconsin for Medicaid reimbursement of emergency room services results in a reduction of \$628,446 for Medicaid reimbursement for Psychiatric Crisis Services (PCS) in 2014. Starting in the first quarter of 2013, the State converted to an Enhanced Ambulatory Patient Grouping (EAPG) rate system. The new EAPG rate is calculated off of a base rate which is adjusted according to the patient's diagnosis.

# BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

## Strategic Program Area 3: Inpatient Services (Adult and Children)

Service Provision: Mandated

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2012 Actual	2013 Budget	2014 Budget
<b>Acute Adult Inpatient</b>			
Average Daily Census	69	62	54
Number of Admissions	1,638	1,463	1,200
Number of Patient Days	24,912	22,721	20,000
Average Length of Stay (Days)	14	14	14
<b>Child and Adolescent Inpatient Services</b>			
Average Daily Census	7	8	6
Number of Admissions	1,350	1,347	1,250
Number of Patient Days	2,349	2,713	2,500
Average length of Stay (Days)	2	2	2

How We Do It: Program Budget Summary					
Category	2012 Budget	2012 Actual	2013 Budget	2014 Budget	2014/2013 Var
<b>Expenditures</b>	\$37,681,850	\$36,339,573	\$36,746,719	\$32,348,838	(\$4,397,881)
<b>Revenues</b>	\$12,534,373	\$14,068,113	\$10,718,143	\$10,182,118	(\$536,025)
<b>Tax Levy</b>	\$25,147,477	\$22,271,460	\$26,028,576	\$22,166,720	(\$3,861,856)
<b>FTE Positions</b>	220.7	220.7	186.9	172.2	-14.7

How Well We Do It: Performance Measures			
Performance Measure	2012 Actual	2013 Budget	2014 Budget
<b>Acute Adult Inpatient</b>			
Percent of clients returning to Acute Adult within 90 days	24%	20%	19%
Staff Completed De-escalation (Mandt) Training	69%	72%	100%
Patients Responding Positively to Satisfaction Survey	68%	70%	72%
<b>Child and Adolescent Inpatient Services</b>			
Percent of children who return to CAIS within 90 days	21%	17%	17%
Staff Completed De-escalation (Mandt) Training	57%	74%	100%
Patients Responding Positively to Satisfaction Survey	72%	75%	75%

## BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077

### **Strategic Implementation:**

In response to declining census, success of community-based crisis services, partnerships with other community hospital providers, and recommendations from the Mental Health Redesign Task Force, BHD will downsize 12 beds effective April 1, 2014. This follows several recent successful bed reductions on Acute Adult units in 2012. Three beds on an Acute Treatment Unit were reduced in August 2012, and another 18 beds were reduced in December 2012, to close one of the four Acute Adult Inpatient units. The configuration of the remaining three Acute Adult Inpatient Units includes one 21-bed Women's Treatment Unit, one 15-bed Intensive Treatment Unit, and one 21-bed Acute Treatment Unit. This initiative will result in a 2014 savings of \$462,676 including the abolishment of 15 FTE's, adjustments to dietary, pharmacy, other expenditures and reduced patient revenue.

Based on continued need to provide therapeutic resources, and maintain compliance with state and federal regulations, 1.0 FTE Occupational Therapist Pool, 0.5 FTE Music Therapist, 0.5 FTE Advanced Practice Nurse Prescriber and 0.5 FTE Advanced Practice Nurse Prescriber-Pool are created.

BHD will also conduct a review of the fiscal and programmatic impacts of outsourcing the Child and Adolescent Inpatient Unit in 2015. If appropriate, BHD will develop a request for proposal to obtain information regarding community capacity for these services.

Based on the success of the EMR and changes within the billing area of BHD, overall patient revenues are increased by \$750,000. This reflects a renewed emphasis on cost recovery and increased use of technology to maximize revenues at BHD.

**BEHAVIORAL HEALTH DIVISION (6300) BUDGET**

DEPT: Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077**Strategic Program Area 4: Inpatient Services - Nursing Facility Central**

Service Provision: Discretionary

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2012 Actual	2013 Budget	2014 Budget
Average Daily Census	65	66	56
Number of Admissions	14	16	0
Number of Patient Days	23,736	24,171	20,440

How We Do It: Program Budget Summary					
Category	2012 Budget	2012 Actual	2013 Budget	2014 Budget	2014/2013 Var
Expenditures	\$13,089,851	\$13,466,651	\$13,170,490	\$11,742,821	(\$1,427,669)
Revenues	\$3,590,335	\$3,736,089	\$3,638,335	\$3,200,613	(\$437,722)
Tax Levy	\$9,499,516	\$9,730,562	\$9,532,155	\$8,542,208	(\$989,947)
FTE Positions	86.5	86.5	83.5	75.5	-8

How Well We Do It: Performance Measures			
Performance Measure	2012 Actual	2013 Projection	2014 Budget
Number of elopements from locked unit	0	0	0
Number of resident-to-resident altercations	44	30	0
Total discharges	18	18	30
Total admissions	18	3	0
Staff completed de-escalation (Mandt) training	80%	80%	100%
Staff completed fall prevention training	48%	67%	100%

**Strategic Implementation:**

BHD will reduce the number of licensed beds in Rehabilitation Center-Central to a total of 48. The Division will work closely with Family Care and Service Access to Independent Living (SAIL) to secure community placements for 24 clients by July 1, 2014. As a result of the behavioral health redesign, 20.0 FTE positions are being abolished on July 1, 2014.

This redesign initiative will result in a savings of \$591,367 including personnel, dietary, pharmacy, security, other expenditure reductions and reduced patient revenue which will be redirected toward new community initiatives. BHD is eligible to receive an enhanced Medicaid rate from the State during the period of restructuring, which is assumed in the savings figure above. The full impact of the savings will be realized in 2015.

**BEHAVIORAL HEALTH DIVISION (6300) BUDGET**

DEPT: Behavioral Health Division

UNIT NO. 6300  
FUND: General - 0077**Strategic Program Area 5: Inpatient Services - Nursing Facility Hilltop**

Service Provision: Discretionary

Strategic Outcome: Self-sufficiency

What We Do: Activity Data			
Activity	2012 Actual	2013 Budget	2014 Budget
Average Daily Census	64	56	28
Number of Admissions	4	5	0
Number of Patient Days	23,382	20,440	10,128

How We Do It: Program Budget Summary					
Category	2012 Budget	2012 Actual	2013 Budget	2014 Budget	2014/2013 Var
Expenditures	\$14,518,649	\$16,251,693	\$13,424,990	\$9,762,558	(\$3,662,432)
Revenues	\$6,847,500	\$6,650,828	\$6,631,474	\$3,082,964	(\$3,548,510)
Tax Levy	\$7,671,149	\$9,600,865	\$6,793,516	\$6,679,594	(\$113,922)
FTE Positions		96.5	81.7	40.6	-41.1

How Well We Do It: Performance Measures			
Performance Measure	2012 Actual	2013 Projection	2014 Budget
Number of patient falls	166	124	60
Number of elopements from locked unit	0	0	0
Number of resident-to-resident altercations	184	118	50
Total Discharges	7	16	54
Staff Completed De-escalation (Mandt) Training	85%	85%	100%
Staff Completed Fall Prevention Training	67%	63%	90%

**Strategic Implementation:**

Furthering an initiative that started in 2011, BHD will be closing the Center for Independence and Development (formerly Rehabilitation Center-Hilltop) in two stages, initially reducing the number of licensed beds by 24 by May 1, 2014 and ultimately closing the remaining 24 licensed beds by November 1, 2014. The Division will work closely with the Disabilities Services Division, the State of Wisconsin Division of Long Term Care and area Care Management Organizations to secure community placements for these clients in the proposed time frame.

As a result of the restructuring and closure, 4.5 FTE's are abolished as of Jan. 1, 2014. 26 FTE's are abolished May 1, 2014. Three positions are transferred to the Community Consultation Team (See Crisis Services Program Area) and the remaining 23 positions are abolished upon closure.

## BEHAVIORAL HEALTH DIVISION (6300) BUDGET

DEPT: Behavioral Health Division

UNIT NO. 6300

FUND: General - 0077

The November 1, 2014 closure of Hilltop results in a savings of \$758,863 including personnel, dietary, pharmacy, security, other expenditure reductions and reduced patient revenue. These funds are reinvested back into the community with details in the Appendix Table. These phased-in 2014 reductions result in a total annual reduction of 67 FTEs. BHD is eligible to receive a relocations reimbursement payment from the State during the period of restructuring, which is assumed in the savings figure above. The full impact of the savings will be realized in 2015.

BHD expects \$825,000 less in revenue from Care Management Organizations related to the closure and existing rate structures.





**Dodge, Tamara**

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**From:** Hoisington, Joshua  
**Sent:** Friday, January 03, 2014 11:15 PM  
**To:** Dodge, Tamara  
**Subject:** Addition

Hi Tami,

Joe would like to incorporate the term "maintenance of effort" into the language describing the baseline budget we are going to put into the bill. In other words, the baseline figure is inserted to ensure a maintenance of effort when it comes to providing funding for mental health services in the county.

*Sent from my Verizon Wireless 4G LTE DROID*

## **Dodge, Tamara**

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**From:** Hoisington, Joshua  
**Sent:** Thursday, January 09, 2014 9:48 AM  
**To:** Dodge, Tamara  
**Cc:** Sholty, Cameron; Hanus, Andrew  
**Subject:** Milwaukee Mental Health Bill

Good Morning Tami,

As you finish the current revisions to the proposal, would you please include Andrew from Rep. Vos' office and Cameron from Rep. Kramer's office on the email when you send the revised version?

Thank you again for your help on this.

Best Regards,

Josh Hoisington  
Office of Representative Joe Sanfelippo  
15th Assembly District  
608.266.0620

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### Revisions

- The bill will name a specific list of current services that will be transferred from county board control to the jurisdiction of the new MCMHB. (specific list of current services coming)  
There may be other services currently administered by the Milwaukee County Department of Health and Human services not initially transferred to the new board but that the new board considers either mental health services or highly integrated with mental health services that the new MCMHB board deems appropriate to transfer under their direction. Transfer of any such additional existing county services shall only take place upon supermajority vote of the MCMHB board to do so and approval from the Secretary of the Department of Health Services. This approval process is not required for expansion of mental health services included in the original transfer or for implementation of new mental health services. (I want to make sure that the new board has complete autonomy in setting policy regarding the delivery of mental health services in the county going forward but I do not want the new board to be able to strip existing programs from the county board's purview without an approval process).

(e)

- Mission statement of MCMHB shall read:
  - In order to deliver mental health services effectively and efficiently within Milwaukee County MCHMB shall have a commitment to:
    1. Community based, recovery oriented mental health system.
    2. Maximizing comprehensive community based services.
    3. Prioritizing access to community based services and reducing reliance on institutional and inpatient care.
    4. Protect the personal liberty of mentally ill persons so that they may be treated in the least restrictive environment to the greatest extent possible.
    5. Providing early intervention to minimize the length and depth of psychotic and other mental health episodes.
    6. Diverting people experiencing mental illness from the corrections system when appropriate
    7. Maximizing mobile crisis services and Crisis Intervention Training
  - Provision in the appropriate Chapter, Section stating:  
Nothing shall be construed as requiring or allowing the county board of supervisors to provide resources beyond the total amount set forth in a budget and statement of services to be provided by the MCMHB as developed
  - The Milw. County Executive, Milw. County Board and Gov shall seek nominations from the groups listed below *but not limited to the groups listed below*. The Milw. County Exec and Milw. County Board shall submit 4 nominations for #'s 1, 3, 5, 7
  - Composition of the board shall be as follow:

1. Psychiatrist (Board-certified) (dually Board-certified Addictionologist shall be given preference but not required) submitted to the County Board by Wisconsin Medical Society *or* Psychologist (licensed to practice) submitted to the County Board Chair by WI Psychological Assoc. - Nominations should include specializing in a full continuum of behavioral health services including: emergency detention, inpatient, residential, transitional, partial hospitalization, intensive outpatient, outpatient and community based services.
2. At Large Community Seat – submitted to the County Board by Milwaukee Mental Health Task Force - nominations should include consumers, advocates or family members.
3. Medical Director - submitted to the County Executive by WI Hospitals Association - nominations should include physicians who specialize in a full continuum of behavioral health and medical services including: emergency detention, inpatient, residential, transitional, partial hospitalization, intensive outpatient, outpatient and wraparound community based services.
4. Finance and Administration - submitted to the County Executive by the WI Hospitals Association – nominations should include experience in analyzing healthcare operating expenses, revenues and reimbursement with expertise in financial restructuring for sustainability.
5. Legal Counsel - submitted to the Governor by the Legal Aid Society of Milwaukee or Legal Action Wisconsin – nominations should include specializing in emergency detention regulatory requirements including policies, procedures, provider responsibilities and patient rights.
6. At Large Service Provider – submitted to Governor by the Community Justice Counsel (CJC includes CEX, County Board Sup, Mayor, Sheriff, MPD Chief) – nominations should include judges, lawyers, CIT police officers, etc
7. Single State Authority (SSA – this position is within the WI DHS/DMHSAS; this person has direct knowledge of funding, systems, etc, oversees the State institutes and is the official interface with the federal govt on behavioral health issues); if SSA isn't possible, then the DHS Secretary or his/her designee.

## **Dodge, Tamara**

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**From:** Hoisington, Joshua  
**Sent:** Tuesday, January 14, 2014 11:04 AM  
**To:** Dodge, Tamara  
**Subject:** RE: Services provided by Milwaukee County

Tami,

Just wanted to let you know that is not an all-inclusive list of services. I am working on getting that to you hopefully today or tomorrow.

Best Regards,

Josh Hoisington  
Office of Representative Joe Sanfelippo  
15th Assembly District  
608.266.0620

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**From:** Hoisington, Joshua  
**Sent:** Monday, January 13, 2014 8:39 AM  
**To:** Dodge, Tamara  
**Subject:** Services provided by Milwaukee County

Behavioral Health Division  
Community Services Branch

The BHD Community Services Branch provides a full array of supportive, recovery-oriented services for persons with severe and persistent mental illness and/or issues with alcohol or other drug abuse. The Community Services Branch serves over 10,000 Milwaukee County residents each year through its SAIL and Wiser Choice programs, which work together to ensure that individuals receive trustworthy, high quality, reliable services for mental health and/or AODA needs.

### Service Access to Independent Living (SAIL)

The SAIL program helps adults with mental illness achieve the greatest possible independence and quality of life by assessing individual needs and facilitating access to appropriate community services and supports. Individuals can receive referrals to a variety of services, including:

- ▶ Targeted Case Management;
- ▶ Community Support Programs;
- ▶ Day Treatment; and
- ▶ Group Home Placements

### Wiser (Wisconsin Supports Everyone's Recovery) Choice

Wiser Choice is Milwaukee County's public alcohol and drug treatment and recovery service system. Partnerships with community partners have expanded the choice of providers for clinical treatment and recovery support services for eligible Milwaukee County residents. Wiser Choice is open to Milwaukee County residents between the ages of 18-59 who have a history of alcohol or drug use, with a special emphasis on families with children and pregnant women (regardless of age). Individuals may access the Wiser Choice system by visiting one of the Central Intake Units (CIU):

The CIUs conduct assessments on a first-come-first-served basis, Monday thru Friday, and provide appropriate referrals to treatment services, including:

- ▶ Outpatient
- ▶ Care Coordination
- ▶ Day Treatment
- ▶ Residential
- ▶ Methadone Maintenance
- ▶ Detoxification
- ▶ Recovery Support Services

#### Milwaukee Co-Occurring Competency Cadre (MC3)

MC3 is a system-wide initiative to improve the service quality and experience for people Milwaukee County residents with complex and co-occurring needs. The Vision is that every program and person in the MC3 will become a welcoming, person-centered, trauma-informed, recovery-oriented, co-occurring capable program. The Milwaukee County Behavioral Health Division is a proud member of MC3.

The Psychiatric Crisis Service/Admissions Center Crisis Intervention Services (Mental Health)  
The Crisis Intervention Service has a mobile team able to provide on-site assessments when it is impossible or impractical for the individual in need to come to the Mental Health Division.

The Psychiatric Crisis Service/Admissions Center provides 24/7 psychiatric emergency services including assessment, crisis intervention and medications. The center has the capacity for client observation for up to 48 hours as needed.

A team of clinicians can be sent to a site to provide assessments, interventions or referrals. The mobile team is available Monday through Friday from 9 a.m. to midnight and on Saturday, Sunday and holidays from 11:30 a.m. to 8 p.m.

#### The Psychiatric Crisis Line

The Crisis Line is often the first point of contact with the mental health system for individuals in crisis and is the main access point for the mobile team services. The Crisis Line is available 24/7 to provide immediate psychiatric crisis intervention services. Services available include screening and assessment, crisis counseling and intervention, emergency service coordination and free referral information.

#### The Access Clinic

The Access Clinic is open Monday through Friday from 8 a.m. until 4 p.m. The clinic serves uninsured Milwaukee County residents requesting psychiatric assessment, medications or community referrals. New

patients should arrive by 2 PM and are seen in the order of their arrival. Be advised, the clinic is typically very busy so there may be a significant wait time.

The Inpatient Services Branch provides service to mentally ill adults, children and adolescents who need the support of a hospital environment. The services are provided by a multi-disciplinary team of mental health professionals in specialized programs to meet the needs of the individual.

#### Acute Inpatient Psychiatric Services

This is a short-term stabilization in a hospital environment where psychiatry, psychology, nursing, social service and rehabilitation services are provided. Admission to the Acute Inpatient Service is completed after a thorough evaluation at the Behavioral Health Division Psychiatric Crisis Service

The Rehabilitation Center provides long-term inpatient care in a nursing home setting for clients with serious and persistent mental illness or developmental disability.

#### Rehabilitation Center Central, Behavioral Health Division

This program provides long-term inpatient care in a nursing home setting to persons with serious and persistent mental illness who need extended support and rehabilitation before they can live in the community.

#### Rehabilitation Center Hilltop, Behavioral Health Division

This program provides long-term inpatient care in a nursing home setting to persons who have a intellectual disability. The program seeks to increase each resident's ability to independently perform activities of daily living with community living as the ultimate objective.

#### Wraparound Milwaukee

Wraparound Milwaukee is a unique system of care for children with serious emotional, behavioral, and mental health needs and their families.

It utilizes a WRAPAROUND philosophy and approach which focus on strength-based, individualized care. Combined with a unique organizational structure, Wraparound Milwaukee delivers a comprehensive and flexible array of services to youth and their families.

Wraparound Milwaukee has been in existence since 1995. It was developed out of a 6 year, \$15 million federal grant that Milwaukee County received from the Center for Mental Health Services in Washington, D.C. Milwaukee County was one of the first ten such sites funded throughout the country. The intent of the federal grants was to foster the development of more comprehensive, community-based care for children with serious emotional needs and their families.

Wraparound Milwaukee was designed to reduce the use of institutional-based care such as residential treatment centers and inpatient psychiatric hospitals while providing more services in the community and in the child's home. The federal government also stressed more family inclusion in treatment programs along with collaboration among child welfare education, juvenile justice and mental health in the delivery of services

If I receive additional information I will get it to you as soon as possible.

Best Regards,

Josh Hoisington  
Office of Representative Joe Sanfelippo  
15th Assembly District  
608.266.0620

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